

Water Compliance Inspection Report

Section A: National Data Coding (i.e., PCS)

Transaction	Code	NPDES	yr / mo / dy	Inspection Type	Inspector	FacType				
1	N	2	5	3	T N 0 0 8 0 2 8 4	17	18 =	19 S	20 3	
Remarks										
21	B O B B Y	Y O R K	C L A S S I							66
Inspection Work Days		Facility Self-Monitoring Evaluation Rating			BI	QA	-----Reserved-----			
67	0 0 1	69	70	3	71 N	72 N	73	74	75	80

Section B: Facility Data



Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number)		Entry Time / Date	Permit Effective Date
Bobby York III 1774 Old Sunbright Road Jamestown, TN 38556		11:00 / 4 MAR 10	01 AUG 08
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)		Exit Time / Date	Permit Expiration Date
Bobby York III 931-267-8383 Fax:		12:45 / 4 MAR 10	31 DEC 09
Name, Address of Responsible Official/Title/Phone and Fax Number		Other Facility Data (e.g., SIC NAICS, and other descriptive information) Receiving Stream: Tributary to Clear Fork 4 Poultry Houses	
Bobby York III P.O. Box 158 Grimsley, TN 38565		No Water Quality Issues Permit and CNMP On-site Third Party Transfer Records On-site Litter and Soil Analysis Current Extremely Clean Operation	
Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

<input checked="" type="checkbox"/>	Permit (Draft)	<input checked="" type="checkbox"/>	Self-monitoring Program	<input type="checkbox"/>	Pretreatment Program	<input type="checkbox"/>	MS4
<input checked="" type="checkbox"/>	Records / Reports	<input type="checkbox"/>	Compliance Schedule	<input type="checkbox"/>	Pollution Prevention		
<input checked="" type="checkbox"/>	Facility Site Review	<input type="checkbox"/>	Laboratory	<input type="checkbox"/>	Storm Water		
<input type="checkbox"/>	Effluent / Receiving Waters	<input checked="" type="checkbox"/>	Operation & Maintenance	<input type="checkbox"/>	Combined Sewer Overflow		
<input type="checkbox"/>	Flow Measurement	<input type="checkbox"/>	Sludge Handling / Disposal	<input type="checkbox"/>	Sanitary Sewer Overflow		

Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes					SEV Description

Name (s) and Signature(s) of Inspector(s) James Hartman 	Agency / Office / Phone and Fax Numbers Tennessee Division of Water Pollution Control Cookeville Environmental Field Office 931/432-4015 / 931/432-6952 (FAX)	Date 5 MAR 10
Signature of Management Q A Reviewer Robert Howard 	Agency / Office / Phone and Fax Numbers Tennessee Division of Water Pollution Control Cookeville Environmental Field Office 931/432-4015 / 931/432-6952 (FAX)	Date 5 MAR 10